

Component

	Total Owed	Total Paid	Balance Due	Quantity Name
	950.	770.00	950.00	
	0.	0.00	0.00	
	0.	0.00	0.00	
	0.	0.00	0.00	
ee	0.	0.00	0.00	Independent Claims
	0.	0.00	0.00	Total Claims over 20
aims Surcharge	0.	0.00	0.00	
	130.	0.00	130.00	
nts	0.	290.00	-290.00	Overpayment Amou
lation Surcharge	0.	0.00	0.00	
harge	0	0.00	0.00	

Note: Information in this box reflects the current status of the component, NOT necessarily the status when the item below was received.

Item

Name Initial Application Filing Fees

Mailroom Receipt Date 03/16/2004

Effective Receipt Date 03/16/2004

Select problem(s) associated with this item

- Additional chargeable claim fees due
- Additional multiple dependent claim surcharge due
- Late Oath Surcharge required
- Late Oath Surcharge (Partial Payment)
- Late Oath Surcharge not Paid (Incomplete Reply)
- Missing English Translation Surcharge Required

OK

Skip

Refresh

Hold

Cancel

Print Screen

Last Modification

Print window image to selected printer

ti-vessels

06/15/2006

1617- \$130

\$290 Refund

\$950 Charge

770 Refund

BEST AVAILABLE COPY